

## Daily Toolbox Meeting Form

<b>Job Name &amp; Description</b> (Define Scope of Work for the day):		<b>Document Control No:</b> (TB-Date-Initials)  TB-
<b>Employee Leading the Toolbox:</b>	<b>Name of AA / Project Oversight:</b> Jack Oman (BP) / Chuck Zimmerman (BC)	<b>Date:</b>
<b>Pre-Start Review:</b>		
<b>Risk Assessment:</b> Does an SOP exist for the job? <input type="checkbox"/> Yes <input type="checkbox"/> No      SOP#: _____ If NO, the TSEA is substitute SOP Job Level risk assessment complete? <input type="checkbox"/> Yes <input type="checkbox"/> No      RA #: _____ Task Level risk assessment complete? <input type="checkbox"/> Yes <input type="checkbox"/> No      TSEA#: _____  Have RAs and TSEAs been reviewed and validated on site by workforce members? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Have newly identified risks been documented on TSEA? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Has a member of the workforce conducting each task participated in the TSEA review? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Have all members of the workforce confirmed understanding of the work scope, hazards, and risk controls? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Has everyone reviewed the Emergency Response Plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Have equipment checks been completed, documented and reviewed? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
<b>SIMOPS or Multi-Crew Activity?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      Describe: _____		
<b>Management of Change (MoC):</b> Does the work activity require an MoC? <input type="checkbox"/> Yes <input type="checkbox"/> No      Describe: If YES, has the MoC been authorized by BP management? <input type="checkbox"/> Yes <input type="checkbox"/> No      (If NO, Stop Work and consult BP management)		
<b>Work Permits:</b> Identify any permitted activities:      Permit # _____ <input type="checkbox"/> No Permits Issued  Permit Type: _____      IA Name: _____ Permit Type: _____      IA Name: _____ Permit Type: _____      IA Name: _____		
<b>Daily Safety Discussion:</b> Topics Discussed: _____  Will any conditions change the muster point for today? <input type="checkbox"/> Yes <input type="checkbox"/> No      Where? _____		
<b>Acknowledgements</b> By signing you are stating the following:		
<b><u>I know the hazards:</u></b> 1. You have been involved in the Task Safety Environmental Analysis and understand the hazards and risk control actions associated with each task you are about to perform. 2. You understand the permit to work requirements applicable to the work you are about to perform (if it includes permitted activities). 3. You are aware that no tasks or work (that is not risk-assessed) is to be performed. 4. You also are aware of your obligation to <b>'Stop Work'</b>	<b><u>I arrived and departed fit for duty:</u></b> 5. You are physically and mentally fit for duty. 6. You are not under the influence of any type of medication, drugs or alcohol that could affect your ability to work safely. 7. You are aware of your responsibility to bring any illness, injury (regardless of where or when it occurred) or fatigue issue you may have to the attention of the Work Crew Leader. 8. You signed out uninjured unless you have otherwise informed the Work Crew Leader.	<b><u>STOP WORK:</u></b> <b>I will STOP</b> the job any time anyone is concerned or uncertain about safety.  <b>I will STOP</b> the job if anyone identifies a hazard or additional mitigation not recorded on the TSEA.  <b>I will</b> be alert to any changes in personnel, conditions at the work site or hazards not covered by the original TSEA.  If it is necessary to <b>STOP THE JOB</b> , I will reassess the task, hazards and mitigations; and then amend the TSEA as needed.

# Daily Toolbox Meeting Form

### End-of Day Review:

**Were there any Incidents, Injuries or First-Aid Reports for the day?:**

☐ Yes    ☐ No    Describe:

**Were there any STOP WORK interventions?:**

☐ Yes    ☐ No    Describe:

**Were any areas for improvement identified?:**

☐ Yes    ☐ No    Describe:

At the conclusion of the day, I certify that the job site is being left in a safe condition and there were no unreported incidents or first aid:

Signature of Work Crew Leader: \_\_\_\_\_

## Workers

[illegible]

## Visitors

(Names of Site visitors not involved in the work activities)

[illegible]